## WORK SCHEDULE REQUEST DCS Form (#)

I, [inse	ert name] request a	a work schedul	le as follows, e	ffective pay period	beginning: mm/c	ld/yyyy.	
	*Standard Work Schedule: Five 7.5-hour days Monday through Friday of each week of a pay period with start and end hours of 8 a.m. to 4:30 p.m.						
*Adjusted Work Schedule:  Variable work hours with a minimum of 7.5 hours each day and having an approved fixed start and end time that equals 75 work hours within a pay period as indicated on the calendar below. I am requesting the following work hours under this schedule:							
**Wee	<u>ek 1:</u>						
		Monday	Tuesday	Wednesday	Thursday	<u>Friday</u>	
	Schedule						
	<u>Hours</u>						
**Week 2:							
		Monday	Tuesday	Wednesday	Thursday	Friday	
	Schedule						
	<u>Hours</u>						
I understand that an Adjusted Work Schedule is a privilege, not a right. Furthermore, I am aware that DCS reserves the right to immediately modify, deny, or revoke my Adjusted Work Schedule. I agree to the terms as stated.  Employee Signature  *If an employee is overtime eligible, no more than 40 hours per week may be scheduled.  **Do not leave any days blank. Indicate days off by putting a "X" in the schedule box and "0" in the hours box.							
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	ection is to be con			risor/manager.			
Approved		Modified		☐ Denied ☐ Revo		oked	
Modif	ication made to re	quest:					
Reason	n for modification	<u>:</u>					
Reason	n for denial / revol	king:					
Superv	visor/Manager Sig	nature		Date		_	